

HumanHairpieces.com MAIL ORDER FORM

If you would prefer to mail in your order, please fill out this form and mail or fax it to us:

Customer Information

Name:

Address:

City State

Zip/Postal Code: Country

Phone: () - email:

PLEASE PROVIDE YOUR PHONE NUMBER AS THIS WILL BE YOUR ACCOUNT ID #

Shipping Information CHECK HERE if above information is the same

Name:

Address:

City State

Zip/Postal Code: Country

Phone: () - email:

Order Information

| Item # | Description | 1st Color | 2nd Color | Qty | Unit Price | Total |
|--|----------------------|----------------------|----------------------|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | Sub Total: | <input type="text"/> |
| Shipping Rates | | | | | | |
| Ground \$10.00 | | | | | New Jersey Residents, add 7% Sales Tax: | <input type="text"/> |
| For Air Shipping Rates, please call for a quote prior to mailing in form | | | | | Shipping & Handling: | <input type="text"/> |
| | | | | | Total Amount Due | <input type="text"/> |

HumanHairpieces.com MAIL ORDER FORM cont.

Payment Information

| | | | | |
|---|-------------------------|--|--------------------------------------|--|
| Method of Payment | Card Holders Name: | | | |
| Check/ Money Order | Credit Card Number: | | | |
| Credit Card | CVV2 | | (last 3 or 4 digits on back of card) | |
| <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER | Expiration Date: | | | |
| <input type="checkbox"/> MC <input type="checkbox"/> AMEX | Card Holders Signature: | | | |

- If your paying by check, please make check payable to Look Of Love
- All orders that are paid by personal check will be held for a minimum of 5 business days for the check to clear.
- Cashiers Check or Money Orders will be processed immediately.

COMMENTS

Please post additional comments or Special Instructions pertaining to your order. For special color considerations.

Affix Hair Sample Here
color #1

Affix Hair Sample Here
color #2

PLEASE MAKE SURE THAT ALL INFORMATION IS FILLED IN AND PRINT OUT THIS FORM

YOU CAN FAX YOUR ORDER TO 908-687-9509

OR...**MAIL TO:**

LOOK OF LOVE INTERNATIONAL

1795-B Route 27 South

Edison, NJ 08817

ANY QUESTIONS? CALL OUR TOLL FREE NUMBER: **1-800-526-7627**